L170000 19552

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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Cor			
cun		JRREALTOR LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		CHRIS KOCHER		
			Name of Person	
		LCI TAXES		
			Firm/Company	
		PO BOX 1711		
			Address	
		BUNNELL, FL 32110		
			City/State and Zip Code	
		CHRISKOCHER@LCITAX		
		E-mail address: (1	to be used for future annual report notific	cation)
For f	further information co	oncerning this matter, please ca	all:	
СНЕ	RIS KOCHER		386 586-3976 at ()	
	Name of	Person		Telephone Number
Encl	osed is a check for th	e following amount:		
= \$	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CATEYOURREALTOR LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L17000019552	were filed on 1/25/17	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
CATHERINE A KIRCHHOF LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
• •		1 1 1
<u>Principal office address MUST BE A STREET ADDRESS)</u>		
		(5) 1 June
		SS - Y
Inter new mailing address, if applicable:		C D September 1
Mailing address MAY BE A POST OFFICE BOX)		CO - CO
		ZZ F
		5> Tri
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her Name of New Registered Agent:		ords, enter the name of the
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			Add
			□ Remove
			☐ Change
			Add
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			□ Change
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			□ Remove
			□ Change

	. If amen	iding any other information, enter change(s) here: (Attach additional sheets, if necessity	ary.)		
Effective date, if other than the date of filing:	<u></u>			-	
Effective date, if other than the date of filing:					
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Effective date, if other than the date of filing:	_			4:5	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(the Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated FEBRUARY 7 Signature of a member or authorized representative of a member CATHERINE A KIRCHHOF	_		>	-	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated FEBRUARY 7 Signature of a member or authorized representative of amember CATHERINE A KIRCHHOF	(If an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil	ing.) Pursuant to 60	5.0207	(3)(1
Dated FEBRUARY 7 , 2017 Catherine of a member or authorized representative of a member CATHERINE A KIRCHHOF	Note: 1 docume	If the date inserted in this block does not meet the applicable statutory filing requirements, this dint's effective date on the Department of State's records.	ate will not be its	led as	the
Signature of a member or authorized representative of a member CATHERINE A KIRCHHOF	the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	n. on the earli	ier of	:
CATHERINE A KIRCHHOF	Dated_	FEBRUARY 7			
		Signature of a member or authorized representative of a member			
Typed or printed name of signee					
		Typed or printed name of signee			
Page 3 of 3		Elling Ford \$75.00			

Filing Fee: \$25.00